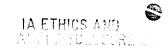
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073





# FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

2008 JUL 21 AM 11: 26

COMMITTEE NAME (Must be same as on Statement of Orga	nization)			
Des Moines County Republican Central Committee DR-2 DISCLOSURE				
IMPORTANT: Indicate by # type of committee you are reporting for: 4   (Rev. 07/2007)   REPORT   (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party				
(4) County Central Committee (5) County Candidate (6) City Candi		For Office Use Or	iva y - a	
Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	Board or Other Political Subdivision PAC		Comm.#	9059
CANDIDATE COMMITTEES ONLY:		<b>T</b>	Logged In	
Candidate Name	Political Party (if applicable)		Scanned	
Office Sought	District (if Senate or House)		Audited	
		[		
Late reports are subject to possible civil and criminal penalties. Pu	rsuant to lowa Code sections 68B.32A	(7) and	68A.401(3), the ca	indidate, for a
	0.00	_		
	319-985-2280	1	07/18	1/2008
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	-	DATE S	
IAM FILINGA 7-19-2008	DEPORT FOR (4) FI FOTION	//0\NO!	N EL ECTION VE	AD
(report date)	REPORT FOR (1) ELECTION Indicate by #	_	N-ELECTION YE	AK.
, , ,	· _			
CHECK IF AMENDMENT TO REPORT DATED		Local Co	ommittees, enter Da	te of Election
☐ Check if this is final (termination) report and attach Notice of		County 8	Local Committees	enter County in
(You must continue to file reports until a DR-3 is filed		which El	ection is held	
		De	s Moine	S
STATEMENT OF CASH ON HAND	<u>.</u>			
STATEMENT OF CASH ON HAND  CASH ON HAND at the beginning of the reporting period. (To				
	tal of all funds held by the cash on hand at the end		017	0.22
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the	tal of all funds held by the cash on hand at the end		017	0.22
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi	tal of all funds held by the cash on hand at the end rst report filed.)	\$	817	
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#### For Instructions, See Back of Form

### Reset Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME	(Must be sam	e as on Statement of	Organization	)
DES Moines	County	Republican	Central	Committee

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07/10/08	ID# CK#	unitemized contributions less than \$50.00 pass the Hat 6 7-10-08 mtg.		\$ 60	INCOME
	ID#	The state of the s			
/	ID# CK#				
	ID# CK#			:	
	ID#				
	ID#				
	ID#				
<u> </u>			SUB-TOTAL	( 00	

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

County Republican Central Committee Moines CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE** AMOUNT DATE **ID NUMBER** EXPENDITURE (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# DMC Fair Association Booth Rental for 19808 148th Avenue Deo Manes Co. Fair Sperry. IA S2650 July 23-29, 2008 Steamboat Sr. Center Room Rental For Alth: Shirley Mark Central Committee Utas. CK#1440 501 Jefferson Street Burlington, 1A 52601 July 10, Aug. 14, Sept. 11 srenda Huston pd. receipt for purchase 12203. Irish Ridgeld of sticks for booth Brenda Huston at co. Fair Burlington, 1A 52601 pd. receipt for purchase of tarp for booth Long 2202 Racine Ave at co. fair Burlington, 1A 52601 pd. receipt for purchase of literature racks for 2531 Qual Ridge Dr. use at co. fair booth ID# CK# ID#

SUB-TOTAL

270.42

TOTAL (if last page of this schedule)

270.42

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

CK#

ID#

CK#

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	 。	f	